

EXHIBIT 10

Form X-17A-5 Filer Information FORM X-17A-5/A	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 ANNUAL AUDITED REPORT Form X-17A-5 Part III FACING PAGE Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder	OMB APPROVAL OMB Number: 3235-0123 <hr/> Estimated average burden hours per response: 12.00
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X-17A-5/A: Filer Information

Filer CIK	<input type="text" value="0000782124"/>
Filer CCC	<input type="text" value="XXXXXXXX"/>
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Would you like a Return Copy?	<input type="checkbox"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>
Confirming Copy File Number	<input type="text"/>

Submission Contact Information

Name	<input type="text"/>
Phone	<input type="text"/>
E-Mail Address	<input type="text"/>
Notify via Filing Website only?	<input checked="" type="checkbox"/>

X-17A-5/A: Submission Information

Report for the Period Beginning	<input type="text" value="01-01-2017"/>
and Ending	<input type="text" value="12-31-2017"/>
Type of Registrant	<input checked="" type="checkbox"/> Broker-dealer <input type="checkbox"/> OTC derivatives dealer

Material Weakness

Does this submission include an accountant's report covering the compliance report that identifies one or more material weaknesses?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Please describe what information is being amended with this filing.	<input type="text"/>

X-17A-5/A: A. Registrant Identification

Name of Broker-dealer	<input type="text" value="J.P. MORGAN SECURITIES LLC"/>
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Address of Principal Place of Business (Do not use P.O. Box No.)

Address 1	<input type="text" value="383 MADISON AVENUE"/>
City	<input type="text" value="NEW YORK"/>
State/Country	<input type="text" value="NEW YORK"/>
Mailing Zip/ Portal Code	<input type="text" value="10179"/>

Name and Telephone Number of Person to Contact in Regard to this Report

Name	<input type="text" value="Charles DiVuolo"/>
Telephone Number	<input type="text" value="212-552-9891"/>

X-17A-5/A: B. Accountant Identification

Independent Public Accountant

Name - if individual, state last, first, and middle name

PricewaterhouseCoopers LLP

Address 1

300 Madison Avenue

City

New York

State/Country

NEW YORK

Mailing Zip/ Postal Code

10017

Check One

- ☒ Certified Public Accountant
☐ Certified Public Accountant not resident in United States or any of its possessions

X-17A-5/A: Signature**Oath or Affirmation**

I, **James M Collins**, swear (or affirm) that, to the best of my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of **J.P. MORGAN SECURITIES LLC**, as of **02-27-2018**, are true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature

James M Collins

Title

Managing Director

Notary Public

Checking this box acknowledges that this oath or affirmation has been notarized.

